

Robin's Egg Head Start Case Study Part 2 - Program Planning and Management for Quality Mental Health Services

DIRECTIONS
1. Read the information provided here and review the information provided in Part 1- Program Description.
2. Make note of issues you still need information about and how you will get that information.

From an interview with Ms. Paloma you learn that there is a mental health section of the program services plan and the program plan is reviewed and updated yearly to ensure it reflects how services are implemented in the program. In your document review, you review the plan and see that it thoroughly outlines how mental health services are implemented in Robin's Egg HS. Progress on the plan from the previous year was reviewed and a final report was written by Ms. Paloma and provided to the policy council for approval. The program plan also describes that mental health services seem to be integrated throughout the program focusing on aspects of promotion, prevention, early identification, and treatment. You also review an extensive procedural manual that outlines in detail the program's procedures for providing and accessing a variety of mental health services including, but not limited to: procedures and schedules for mental health consultation, screening procedures, referral procedures, educational and training services to parents, etc.

Ms. Paloma notes that she is happy she had enough money last year to combine some funds with Education Services and purchase materials and training on a violence prevention curriculum for use in the classroom with children. There is no budget for any extras this year. Ms. Paloma is worried that based on budget cuts this year there will be little flexibility to increase mental health consultation if the need arises.

A review of the mental health contracts/service agreements indicate that there are four mental health contracts and mental health consultation services are provided by three local mental health service agencies, and one private practitioner. The local mental health service agencies send various therapists to different centers. Ms. Paloma works with the mental health agencies to try to encourage that the mental health therapists sent to provide consultation remain consistent from year to year to the extent possible. Maintaining consistent mental health consultants is at times challenging due to turn over within the mental health agencies. Orientating and establishing a relationship with a new consultant always requires extensive time, energy, and resources to try to make it a good fit. It is also often a challenge to ensure the Mental Health consultants are knowledgeable about the culture (in particular finding consultants that speak

Spanish), the population of young children (especially infants and toddlers), and families with low-incomes. The contracts describe budget allocations for time and travel expenses for classroom observations, on-site staff and family consultation services, and staff and parent training activities. A small budget is available to pay for child and/or family counseling services for those families who are undocumented and ineligible for Medicaid or other health care coverage.

As the Mental Health Services Area Manager, Ms. Paloma is responsible for identifying and contracting with mental health services providers for consultation services.

The consultant from one of the mental health centers is a licensed psychologist who specializes in behavior management, and the others are Master's level social workers. The private practitioner is trained and licensed as a Marriage and Family Therapist, and has a family systems approach.

In addition to consulting services, Ms. Paloma has referral agreements with each of the mental health agencies. In the past several years, the community mental health agencies have had to focus more of their attention on older children and adults with chronic mental illness due to national and funding priorities. However, each center does have a Child and Family unit supervised by a licensed clinical psychologist or social worker. Each center has a consulting child psychiatrist who is available 1 day a week at the clinic. Within the Child and Family unit, therapists represent a mix of disciplines, including social work and psychology. Many are licensed themselves, but some provide direct services as Master's level therapists under the supervision of their licensed clinical supervisor and agency. One mental health center, located in the neighboring county, but accessible to the most rural area of Avia County, has designed in-home mental health services for children and families, in part because of transportation difficulties for families.

Ms. Paloma shared with you that she has been working to establish stronger links with additional community providers, especially substance abuse and domestic violence prevention/intervention services. She reports that typically it is only with time and the development of a trusting relationship that families reveal issues such as alcohol use and violence in the home.

This year the Early Head Start manager is serving as the chair of the local 0-3 Service Collaborative, working toward more available, linked and coordinated services to infants and toddlers. One effort of the Collaborative is to raise awareness of infant mental health and build the capacity of the community to provide infant mental health services, including infant-parent psychotherapy. The Collaborative activity in this area is in its earliest stages of development.

There are also budget allocations for administrative support for the Mental Health Services Coordinator, training of the staff as a whole on social and emotional

development and behavior management issues, and for specific training as needed. Funds are available for special services if they must be purchased for children with mental health needs - such as a behavioral aid for the classroom.

Parent training around social-emotional development and families' issues that impact mental health is available through funds allocated in part in the mental health and the disabilities services section of the budget and in part by money provided under the Parent Training budget.

In your document review, you notice that while it is three months into the school year, new mental health service agreements/contracts are still in process:

- Two with the mental health centers in the neighboring counties have not yet been completely negotiated, but meetings are underway.
- One of the mental health agencies is simply operating on last year's contract.
- Negotiations for a new agreement with the private provider have been completed and the contract just needs to receive final approval by the policy council.

Ms. Paloma reluctantly shares with you that it is hard for her to complete all the tasks under her dual responsibilities as Family Service Manager and Mental Health Services Area Manager.

In reviewing the program's self-assessment regarding mental health services, you note the assessment has identified the following challenges:

1. The HS preschool center in Martinsville is farthest away from the main office (a three hour drive). Ms. Paloma and other managers do not visit the site as often as the other sites. When you inquire about this, Ms. Paloma describes that while management may not visit the site as often as the other sites, they are confident that things are functioning well in the Martinsville center since there is a very strong team with years of experience in place there.
2. Staff at some sites have difficulty getting parent involvement among parents whose children have social and emotional concerns and who may have their own mental health or substance abuse issues. While the self-assessment notes that substance abuse is a growing concern in the community, there are very few referrals made for families for substance abuse or domestic violence services. Ms. Paloma states this area is an ongoing challenge to gather input from families without putting a burden on these families but she keeps working on it. The self-assessment also documented that the program made efforts to provide increased education in the area of substance abuse and domestic violence.

3. There has been significant staff turnover, in both the HS and EHS program. The turnover has made it difficult to assure that children are cared for by consistent staff so that they feel secure and familiar with their teachers.

The Community Assessment contains some general information about the high prevalence of families dealing with mental illness, substance abuse, domestic violence, and child abuse.

When you inquired about the process for assuring that Robin's Egg has adequate mental health consultation services available to meet the seemingly growing needs of children, families, and staff, Ms. Paloma noted that she monitored the schedule and utilization of each consultant on an ongoing basis. Ms. Paloma meets with the Education and Disabilities Coordinators regularly to make sure consultant services are going smoothly or to address any observed or identified additional needs. Ms. Paloma gave you a checklist that shows the dates of all the review meetings with the Education and Disabilities Coordinators, with entries for each center on a monthly basis.

In a follow-up conversation with Ms. Paloma, she shares she has received several frantic calls from the teachers in the Wrenton site describing children's aggressive behavior. During her regular visits to the site the teachers express they are very frustrated with the children's behaviors and they need more guidance on how to address these behaviors. Ms. Paloma identifies the teachers are "stressed out" because of the children's behaviors and she worries about them quitting.

In a later conversation with your colleague, the Education Reviewer, you learn that the Education Manager has also shared there are many children in one of the Wrenton classes with "behavior problems." The Education Manager told the Education Reviewer that she is unsure of exactly what is being done to help these children.

In discussing the procedures for mental health consultation services with Ms. Paloma, she explains the process by sharing an example with you about a child enrolled a few months ago in Martinsville 1 (i.e., classroom 1). This child was recently reunited with her biological family after a foster placement. The foster parents had reported significant behavioral concerns in the home including long and violent tantrums, significant sleep disturbance, and a very high activity level. She further described that the staff in Martinsville use the mental health consultation services for staff and parent consultation. She also explains the referral process for the child to receive an assessment and treatment if deemed appropriate. Ms. Paloma added that the Martinsville site is a good example of MH procedures being implemented because the agreement has been in place with the same consultant for many years.